



F.

**Emergencies** (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

Bill Stathakaros

**Regulatory Officer** (Include address if different than above.)

330-649-9265

/ 330-649-9275

/bill@ats-firstcall.com

Telephone Number

Facsimile Number

E-mail Address

H.

**Dual Party Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

**Interim LEC Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Patrick D Crocker

**Universal Service Fund Mailings** (Name)

107 W Michigan 4th Fl, Kalamazoo MI 49007

Mailing Address

269-381-8888

/ 269-381-4855

/contact@nationwideregulatorycompliance.com

Telephone Number

Facsimile Number

E-mail Address

K.

Patrick D Crocker

**Gross Receipts Mailings** (Name)

107 W Michigan 4th Fl, Kalamazoo MI 49007

Mailing Address

269-381-8888

/ 269-381-4855

/contact@nationwideregulatorycompliance.com

Telephone Number

Facsimile Number

E-mail Address

L.

**Lifeline Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Patrick D Crocker

This form was completed by (print name)

President, Nationwide

Regulatory Compliance, LLC

Title

Signature

5/26/2011

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Clerk's Office**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

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